

Application Form

1: Organization Information

If you need help with your application contact nick@sageprojectconsultants.com.

Organization Legal Name *

As it should appear on a contract agreement.

Authorized Representative for Contract Agreements *

First Name

Last Name

Organization Address *

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number *

(000) 000-0000

Fax Number (if applicable)

(000) 000-0000

Email *

example@example.com

Please indicate which (if any) of the following tools your organization currently uses in screening patients for drug, alcohol, or mental health disorders.

☐ AUDIT-C

☐ AUDIT, Full Screen

☐ DAST, Single Question

☐ DAST-10

☐ PHQ-9

☐ Single Tobacco Question

☐ Other

2: Program Lead / Champion

If different than the Primary Contact, please provide contact information for the lead for this project. This person will receive notifications of award and upcoming activities.

Primary Contact Person

First Name

Last Name

Phone Number

(000) 000-0000

Please enter a valid phone number.

Email

example@example.com

3: Grant Narrative:

Please describe the target population you would serve with enhanced behavioral screening supports.

Type here...

Please describe you proposed implementation strategy for integrating SBIRT components components into your organization.

Type here...

Please identify the key personnel that will be on your Legacy Cohort team and will be participating in the Kickoff training. Please also explain their role in implementing SBIRT in your organization. Note: Personnel identified in this section should match the personnel identified in the SBIRT Legacy Cohort Training Participation portion of the budget.

Type here...

Please identify all the anticipated staff time and effort necessary for the implementation of SBIRT in your organization. This can include, as examples, time for team members to train other staff, training time for staff not already part of the team, IT or other staff time for system updates/enhancements, etc. Note: Personnel identified in this section should match the personnel identified in the Staff Support section of the SBIRT Implementation portion of the budget.

Type here...

4: Goals

Please provide three (3) goals you would like to accomplish in your organization if you are selected to participate in the Legacy Cohort. At least one (1) goal that addresses SBIRT plans after the grant period ends would be appreciated. Ensure that goals are measurable. Be sure to include how you will know that if you are successful.

Goal 1

Type here...

Goal 2

Type here...

Goal 3

Type here...

5: Budget

Upload the Budget Template (<https://dss.sd.gov/behavioralhealth/grantinfo.aspx>)



Browse Files

Drag and drop files here

6: Other Required Documents

Substitute W-9



Browse Files

Drag and drop files here

Risk Assessment Questionnaire
(<https://dss.sd.gov/behavioralhealth/grantinfo.aspx>)



Browse Files

Drag and drop files here

FFATA Form (<https://dss.sd.gov/behavioralhealth/grantinfo.aspx>)



Browse Files

Drag and drop files here

Terms and Conditions:

By signing this application form, applicants understand and will adhere to the following terms:

- The State reserves the right to reject any or all proposals, waive technicalities, and make awards as deemed to be in the best interest of the State of South Dakota.
- The Applicant will receive confirmation of acceptance or denial of a grant award within 30 business days of applying.
- The State, upon satisfactory review and notice of award to the Applicant, will execute a contract for services days using its standard agreement terms and conditions.
- If awarded, the Applicant acknowledges that it will submit for reimbursement of expenses as outlined in the executed contract on a monthly basis and that pre-payment for expenses is not allowable.

If you would like to send a copy of this application to someone within your organization, please share their name and email address below.

Name

First Name

Last Name

Email

example@example.com

Submit